

MINOR VIOLATION REPORT

Youth's Name: _____ **CLIENT ID#** _____ **Living Area:** _____

Date: _____ **Time:** _____ **Minor Violation No.** _____

Description of Behavior:

Consequences to promote healthy change:

- ☐ writing activity reflecting on behavior
☐ loss of free time recreation privileges
☐ verbal warning and referral to counselor or group leader/dorm manager
☐ placement in "cool down" area (not to exceed 60 minutes with visual checks every 15 minutes) Time to be served: _____
☐ apology (written)
☐ apology (verbal)
☐ referral to Individual Treatment Team
☐ other consequences related to exhibited behavior:

Staff Reporting Violation: _____
(Printed Name) Title

Staff's Signature: _____ **Date:** _____

Youth's Signature: _____ **Date:** _____

Cc: Conduct Code Officer
 Principal/Guidance Counselor
 OJJ Social Worker or Counselor
 Group Leader/Dorm Manager
 Youth

☐ Consequence Imposed

 Group Leader/Dorm Manager Date